

IOWA DEPARTMENT OF HUMAN SERVICES

PERFORMANCE REPORT

Performance Results Achieved for
Fiscal Year 2010

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Message from the Director

It is my pleasure to present the Iowa Department of Human Services SFY2010 Performance Report. As Iowa's safety-net agency, we help more than 945,000 Iowans lead safer, healthier, and more independent lives. From the results found at the end of this report, I believe you will see that we are accomplishing this work in an ever more efficient and thorough manner.

We appreciate this measure of our work, and we hold ourselves accountable for continually improving results.

Sincerely,

Charles Krogmeier
Director

ACCOMPLISHMENTS

The department achieved results in several program and service delivery areas during FY2010. A brief review:

- The department won state and federal approval to both renew and expand the IowaCare program, which provides limited health care coverage to people who otherwise are ineligible for Medicaid—primarily single adults and childless couples. IowaCare was created by using previously unmatched state dollars to draw federal Medicaid dollars in a ratio of approximately 2:1. Created in 2005, IowaCare initially expired in the summer of 2010. It has now been extended for three years, with the expectation that the Affordable Care Act will take over this function in 2014.
- Because of additional funding from the Iowa Legislature, the department was able to expand the IowaCare provider network. In the first five years, service was limited to the University of Iowa Hospitals and Clinics. Residents of Polk County could visit the public hospital there. Additional providers will be the federally qualified health clinics. The first two to be included were based in Sioux City and Waterloo.
- In 2010, the department achieved the first major restructuring since 2002. Nine administrative

divisions were compressed to six. Eight regional offices were reduced to five. Additional frontline county offices were converted to appointment-only status, allowing the agency to group frontline employees according to need without reducing service. In addition, three services that were once performed in regional offices were centralized in customer call centers either in Council Bluffs or Des Moines. Centralized services include a Des Moines-based intake unit for child abuse, a Des Moines-based unit for subsidized childcare payments, and a Council Bluffs unit for certain Medicaid eligibility determinations.

- The DHS achieved a nearly-perfect score on a once-every-three-years audit of the state's claims for federal funds for foster care. Federal officials said Iowa met numerous standards on 79 of 80 randomly chosen files. Mathematical accuracy is only a small part of the audit. Officials also check to make sure each case has a court order to remove the child and another court order confirming that the state made a reasonable effort to prevent removal in the first place. It also checks for proper licensure of foster parents, background checks, etc.
- The Glenwood Resource Center came into compliance with standards of care established by the U.S. Department of Justice in a 2004 civil rights settlement. A sister institution at Woodward came into compliance in the previous fiscal year. The settlement demanded improvements in nearly every area of service, from clinical care to psychology. Examples of improvements include the use of behavior modification techniques to reduce the need for psychotropic drugs and the creation of internal and external peer review systems for all departments.
- A federal audit determined that Iowa's Medicaid program is significantly more accurate than the national average regarding payments to providers and determination of member eligibility. The audit showed the overall national error rate was 8.71 percent compared to 4.91 percent for Iowa.
- The Child Support Recovery Unit won the "Outstanding Program of the Year for 2009" from the National Child Support Association. In SFY2009, the unit collected more than \$350 million in support of children. The amount was slightly lower in SFY2010 because of the economic downturn.

AGENCY OVERVIEW

Mission

The mission of the Iowa Department of Human Services is to help individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state.

Core Functions

The Department of Human Services is a comprehensive human services agency coordinating, paying for and/or providing a broad range of services to some of Iowa's most vulnerable citizens. We have grouped our services and programs into four core functions: economic support, healthcare and support services, adult and child protection, and resource management.

1. Economic Support

The purpose of this core function is to provide direct and indirect economic supports to needy families to assist them in having sufficient resources to meet basic needs for good health, safety, and consistency and continuity in their homes, work and communities. Essential services include the Family Investment Program, Food Assistance, and Child Support Recovery.

Activities that occur within this core function include limited time (five-year lifetime limit) cash assistance for parents who agree to pursue specific steps for self-sufficiency, food assistance (formerly known as food stamps), employment and training opportunities (required for most FIP recipients), quality childcare (including regulation of in-home businesses and licensed centers), recovery of court-ordered payments from non-custodial parents to custodial parents, and refugee services.

2. Health Care and Support Services

The purpose of this core function is to provide for publicly funded child and adult health coverage and partnering with public and private entities to secure access to healthcare services. The DHS provides individual, community based and facility based health, mental health and substance abuse treatment. There are several activities within this core function.

The Iowa Medicaid Enterprise serves individuals with low income who are aged, blind, disabled, pregnant, under the age of 21, or members of families with dependent children, so they can live healthy, stable, and self-sufficient lives. Approximately two-thirds of the funding for Medicaid is federal funds. The program includes services that are available for mandatory and optional eligibility groups. All states that operate a Medicaid program are required to serve the mandatory population groups as well as make the mandatory services available. Iowa's Medicaid program provides preventive, acute, and long-term care services using the same private and public providers as other third party payers in Iowa. One special focus of the program is expanding medically appropriate alternatives to long-term institutional care for the aged, disabled, mentally challenged, and for children.

Medicaid pays for a wide array of services, such as nursing facility services, hospitals, physicians and other medical providers, rural health clinics, mental health institutions and psychiatric hospitals, prescription drugs, home and community based services, ambulance services, kidney dialysis, hospice, dental care, medical supplies and durable medical equipment, and adult rehabilitation, targeted case management, optometry, podiatry, chiropractic and mental health services.

The *hawk-i* (Healthy and Well Kids in Iowa) program provides health care coverage to children whose family income is above Medicaid limits but who cannot afford health care coverage. *hawk-i* provides a comprehensive health care benefits package including physician services, hospitalization, prescription drugs, immunizations, dental care and vision care. New in SFY2010 – a dental only program, the first in the nation.

The IowaCare program, initiated July 1, 2005, was created to provide a limited health care benefit for low-income individuals who are not eligible for Medicaid, primarily childless adults and unmarried people. Under a waiver approved by the Centers for Medicare and Medicaid Services (CMS), a funding mechanism was established allowing Iowa to provide

a limited medical benefit to people previously served in a charity care program called "State Papers." It also covers people receiving service at the public hospital in Des Moines and at University of Iowa Hospitals and Clinics in Iowa City. State funds supporting these programs had previously not been matched by federal dollars. The program serves adults age 19-64 whose income is at or below 200 percent of the federal poverty level (FPL) and who would not otherwise qualify for regular Medicaid. In the fall of 2010, the federal waiver was extended for another three years.

The DHS Targeted Case Management services are offered to counties. Counties may elect to use the DHS or contract to provide services themselves. Targeted Case Management helps coordinate and manage services for people who have a diagnosis of chronic mental illness, mental retardation, or brain injury and be eligible for Medicaid.

The DHS administers mental health institutes at Cherokee, Clarinda, Independence, and Mt. Pleasant. The DHS serves adults and children in need of psychiatric care, adults in need of substance abuse treatment services, and adults needing long-term geropsychiatric services. A wide range of services that work and coordinate with community-based services across Iowa is available.

Civil Commitment Unit for Sexual Offenders (CCUSO) provides long-term treatment for sexually violent predators in a highly structured setting. Patients have completed their prison term and have been civilly committed to the unit. CCUSO serves approximately 80 patients.

Glenwood Resource Center and Woodward Resource Center provide care for people with mental retardation. Most people have profound mental retardation and many have life-threatening seizure and swallowing disorders. Both facilities provide a wide range of services including diagnostic evaluation, treatment, training, care, habilitation, a time-limited assessment program, and community based services through the Medicaid Home and Community Based Waiver program. As community resources become available, the number served at the resource centers has declined steadily and will continue to decline.

3. Child and Adult Protection

The purpose of this core function is to provide an array of services and support assistance to strengthen families and communities to increase the likelihood

that children and adults are safe, healthy, and have consistency and continuity in their lives. Services include child and dependent adult protective services, community based prevention and support services, foster care, family centered services, family preservation services, adoption, group care, residential treatment, independent living for youth age 16 and older, shelter care, childcare services, and facility-based care for delinquent youth. Activities provided in support of these services include funding for medical exams conducted during child abuse assessments, a 24-hour child abuse hotline, mandatory abuse reporter training, child welfare training, foster and adoptive parent recruitment and training.

The Iowa Juvenile Home at Toledo and the State Training School at Eldora provide a range of specialized and highly structured substance abuse, physical, mental and behavioral health intervention services for the most troubled youth in the State of Iowa. Both facilities provide individualized care and treatment, evaluate and recommend transitional placement of youth to appropriate facilities in the community, and provide basic special education and vocational programs.

4. Resource Management

The purpose of this core function is to provide leadership in the management and support of the delivery of quality services to Iowa's citizens. Following a SFY2010 reorganization, headquarter-based policy divisions include Mental Health and Disability Services, Field, Adult, Child and Family Services, Medical Services, Fiscal Management, and Data Management.

The DHS is headquartered on the Capitol Complex in the Hoover State Office Building in Des Moines. Resource management and services are organized into three major functional areas: 1) field operations including child welfare and economic assistance; 2) child support recovery and targeted case management; and 3) general administration.

Field Operations is composed of five service areas with staff who provide child protection, child welfare, and eligibility determination for income/economic support and maintenance programs, including Medicaid, food assistance, Family Investment Program, childcare assistance, and childcare registration and licensure. A sixth centralized service area was added in FY2010. Its duties are to coordinate services at customer service

centers, including new statewide centralized intake unit to evaluate complaints of abuse or neglect.

The regional service areas administer and deliver the programs and services through 104 field offices staffed by social work, income maintenance, clerical, and management staff. About a third of the field offices operate on a full-time basis, with others open by appointment only.

The primary function of social work staff is child protection and safety. After the intake unit assigns an assessment, social work assessors determine if abuse has occurred. They also address safety needs by the provision of in-home or out-of-home services purchased from community-based private contractors. Services help to keep families intact or result in the pursuit of the termination of parental rights and subsequent placement of children in the homes of relatives or through adoption.

Income maintenance workers determine eligibility for access to programs and services for families who need assistance in meeting basic needs for food, clothing, shelter, and medical care. Staff determine eligibility for the Family Investment Program (FIP), Food Assistance (formerly known as Food Stamps), Medical Services (Medicaid Title XIX), and Childcare Assistance. Income maintenance staff interview clients, verify the economic situation and service needs, determine benefit eligibility, and make program referrals.

Child Support Recovery operations are organized into four regions. The regions administer the program through 23 locations staffed by child support recovery, clerical and management staff. Child Support Recovery staff verify and establish paternity for unwed mothers, establish and modify child support obligations, and collect child support and medical support payments for children across Iowa. With reorganization in FY2010, the Child Support Recovery Unit is a division of Field Services.

General Administration provides support and technical assistance agency-wide to field operations, child support recovery, targeted case management and state institutions, as well as numerous external customers and stakeholders, including:

- Program and service development and management, such as administrative rules,

policy development, standards of care, and manual development.

- Quality assurance and improvement efforts through identification of best practices and evidence-based practice.
- Financial management, including accounting, budget preparation and monitoring.
- Corporate management and leadership such as performance measurement and management, information technology and data management, and administrative support services, such as quality control for food assistance and Medicaid, and quality assurance and improvement.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Food Assistance (FA) and Food Assistance Employment and Training (FAET) Program

Description: Provides federal assistance to low-income individuals and families to purchase food, nonalcoholic beverages and ingredients to prepare food through an Electronic Benefit Transfer swipe card. Through the Food Assistance Employment and Training (FAET) program, job seeking skills training and employment assistance are provided to people receiving food assistance who do not receive cash assistance under the Family Investment Program (FIP). The FAET program is offered only in Polk and Linn counties under a contract with Iowa Workforce Development. Federal law requires a state have an FAET program if a state has a Food Assistance program.

Why we are doing this: Food Assistance prevents hunger and helps families meet their basic nutritional needs and increases the family's nutritional levels. Preventing hunger is one of the building blocks in all of social service. It doesn't solve all of a family's problems, but other problems are more manageable if hunger is not an issue. Many people receiving Food Assistance are on fixed incomes. Food Assistance allows seniors to not have to make the difficult choice between buying food or prescription drugs. Approximately half of the Food Assistance beneficiaries are children. In addition, the Food Assistance program stimulates the economy for the benefit of all Iowans. The U.S. Department of Agriculture has estimated that every \$5 in Food Assistance generates \$9.20 in local and state economic activity. The Food Assistance Program brought \$509,549,722 of direct benefits into Iowa in SFY10, a 33.89% increase from SFY 09.

What we're doing to achieve results: Recognizing that many eligible Iowans were not receiving Food Assistance, DHS established an aggressive growth target. Along with that target, several initiatives were implemented. We began issuing Food Assistance through an electronic benefit transfer (EBT) card, reducing the stigma of the program and increasing convenience for clients. We reduced the frequency that clients are required to report changes in income and began to base eligibility on an estimate of their future income. This simplified program reporting and reduced the burden on clients and staff, making the program more attractive and convenient. DHS also participated in a National Media Campaign sponsored by our federal partners at the Department of Agriculture (USDA) and conducted intense outreach efforts. We simplified the application for Food Assistance and do most interviews over the phone.

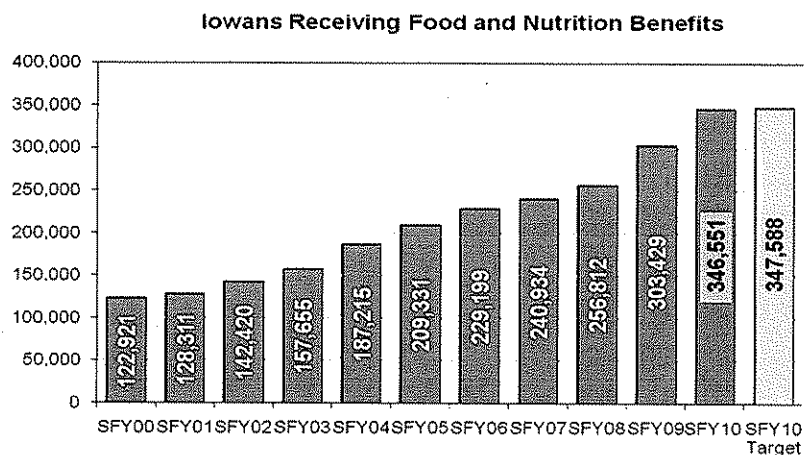
Results

Performance Measure:

Number of Iowans receiving Food and Nutrition Assistance.

Performance Goal/Target:

347,588 by June 2010



What was achieved: At the end of SFY 10, 43,122 (14.2%) more Iowans were receiving food assistance than in SFY09, for a total of 346,551 Iowans.

Data Sources: DHS IABC system, F-1 Report – "Food Assistance Program State Summary" produced by the Division of Results Based Accountability and the Division of Financial, Health, and Work Supports.

Resources: The Food Assistance Program is 100% federally funded. It brought \$509,549,722 into Iowa in SFY10.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Child Welfare In-home Services

Description: Provides funding for an array of in-home services and supports to families in which there has been a founded child abuse assessment for a child age 5 or under, and for families in which there has been a founded child abuse report for a child age 6 and older where the continued risk of future abuse is moderate or high. Services are directed at reducing risk of abuse and increasing family protective capacities. DHS caseworkers provide case management, while providers deliver direct services under contract with DHS.

Why we are doing this: Children are dependent on parents safely caring for them, and the state role is to assist families who are in need of help to meet the safety needs of their child.

What we're doing to achieve results: In order to focus on improving outcomes for families, the department has undertaken a redesign of child welfare services. Through the redesign process, resources were focused on providing training to front-line staff and supervisors as well as providing counseling and support to families to improve parenting skills. Standardized abuse assessment tools have been developed and training is provided to staff in the best practice approach to using the tools. A quality assurance and continuous improvement initiative has been implemented to evaluate best-practices and maintain a focus on outcomes.

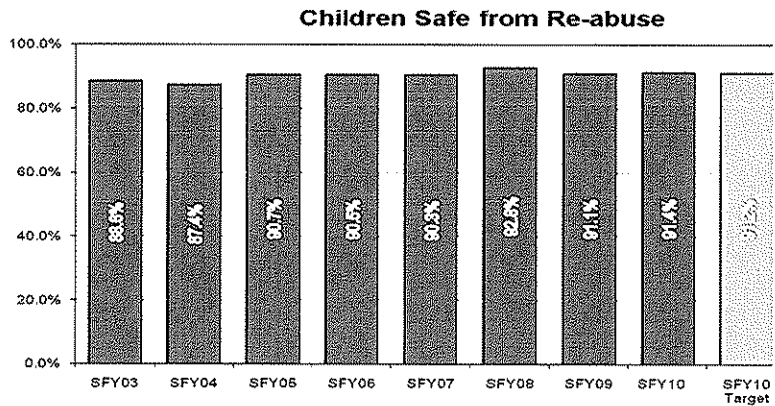
Results

Performance Measure:

Percent of children who have not been re-abused within six months of a prior abuse.

Performance Goal/Target:

91.2% target



What was achieved: 91.4% of children did not experience re-abuse for at least six months following a previous occurrence. This measure is an indicator of the safety of children and the effectiveness of communities, providers and the department working together to ensure child safety from repeat abuse. This measure is a required measure under the federal child and family services review requirement conducted of all states, providing the ability for some basis of comparability of state systems. Though somewhat comparable amongst states, results in each state are impacted by the individual laws of each state which determine what is defined and counted as abuse and re-abuse.

Data Sources: State Child Welfare Information System (CWIS), DHS STAR and FACS subsystem.

Resources: A combination of State general funds, federal matching funds and grants are used to support child protection and safety efforts in Iowa.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Child Welfare In-home Services

Description: Provides funding for an array of in-home services and supports to families in which there has been a founded child abuse assessment for a child age 5 or under, and for families in which there has been a founded child abuse report for a child age 6 and older where the continued risk of future abuse is moderate or high. Services are directed at reducing risk of abuse and increasing family protective capacities. DHS caseworkers provide case management, while providers deliver direct services under contract with DHS.

Why we are doing this: Children are dependent on parents safely caring for them, and the state role is to assist families who are in need of help to meet the safety needs of their child.

What we're doing to achieve results: The department uses several strategies to assess the both the needs and strengths of each family, and to work with the family to develop supports and services which meet the shared goals of children living safely in the family home. Trial home visits smooth the transition from foster care to the child's home. Addressing the underlying issues that resulted in the child's removal from the home and helping the child and parents become better prepared and more confident to address further issues in the family prepare both the child and the family for reunification. Family Team Meetings develop community-based supports that will be available to the family after formal services end. The Department has pursued community partnerships to prevent child abuse statewide.

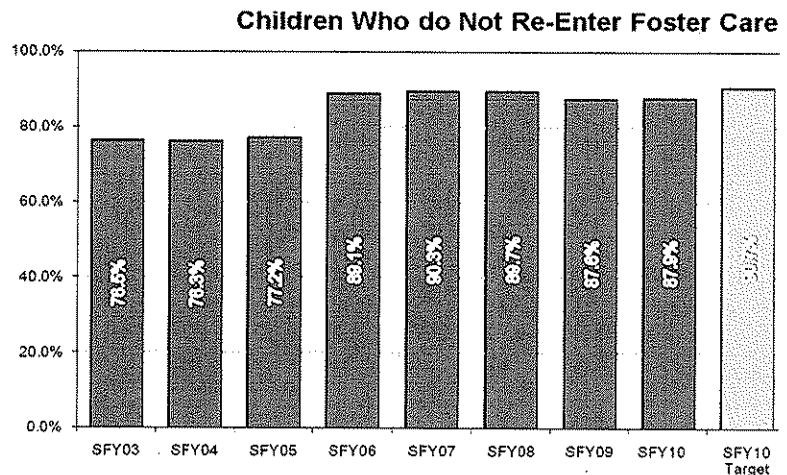
Results

Performance Measure:

Percent of children who do not re-enter foster care within 12 months of their last foster care episode.

Performance Goal/Target:

90.70%



What was achieved: 87.9% of children did not re-enter foster care within twelve months of their last foster care episode. This demonstrates stability and safety from neglect or abuse following reunification after placement outside of the home. Although the department did not achieve the SFY10 performance target, there was an increase in performance from SFY09 actual to SFY10 actual.

Data Sources: DHS STAR and FACS System

Resources: State funds and federal funds are used to support the efforts to improve child safety in Iowa. These funds support direct services of state staff intervening directly with families, the services purchased by the state from child serving agencies, and community based supports developed to support those efforts.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Children's Health Insurance Program (CHIP)

Description: The CHIP program expands Medicaid to 133% of the Federal Poverty Level (FPL) for children and provides *hawk-i* to children up to 300% of the FPL. Under *hawk-i*, health and dental coverage is provided to children who live in families who have too much income to qualify for Medicaid, but who do not have health care coverage. Eligible children are under the age of 19, have no health insurance and do not qualify for Medicaid, meet citizenship requirements, and live in a family whose countable gross income is not more than 300% of the FPL. Effective March 1, 2010, the *hawk-i* Dental-Only Program was implemented to provide preventive and restorative dental care, including medically necessary orthodontia, to children who do not otherwise qualify for *hawk-i* because they have health insurance coverage. The dental-only program covers eligible children whose family's countable gross income is not more than 300% of the FPL.

Why we are doing this: To reduce the number of uninsured Iowa children. Access to health and dental care improves health, wellness and quality of life. Healthy children are able to attend school, learn, grow, develop healthy lifestyles, and become productive adults. Iowa provides public health insurance to 257,096 children (227,379 in Medicaid, 27,573 for *hawk-i* and 2,144 for dental-only). The *hawk-i* program provides health care coverage to children in families at or below 300% of the Federal Poverty level who are uninsured and not eligible for Medicaid. This program helps fill the gap for children who do not qualify for Medicaid and who have no health insurance coverage. The percentage of children who are uninsured (without public or private insurance) at this level is projected to be nearly 6% versus the average for all children in Iowa of 5% (regardless of income level).

What we're doing to achieve results: The department continues to conduct grassroots outreach activities through a contract with the Department of Public Health as well as working cooperatively with schools, medical providers, businesses, faith-based organizations and other entities in contact with families and children. A statewide mailing was conducted to all school age children across Iowa at the start of the school year. The Department has developed an automated referral system from Medicaid that has resulted in more referrals to *hawk-i*. Training is being provided across DHS emphasizing the importance of referring children to *hawk-i* when they are identified as not being eligible for or lose their eligibility for Medicaid. The *hawk-i* program also provides awareness and makes referrals to Medicaid services.

Results

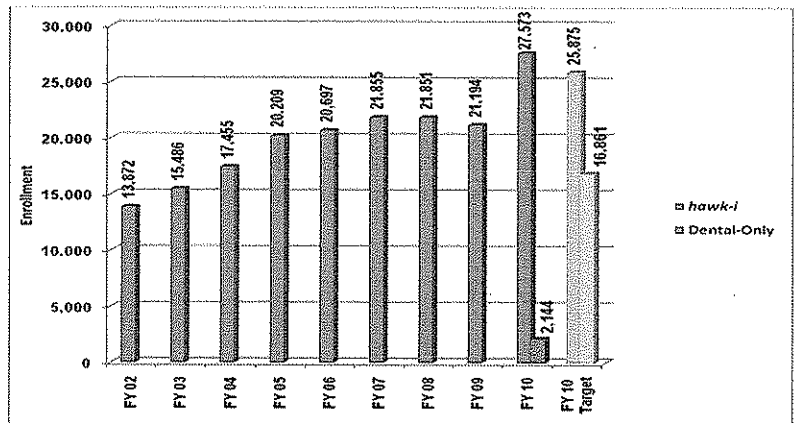
Children Enrolled in *hawk-i* and Dental Only Coverage

Performance Measure:

Number of children who are enrolled in *hawk-i* and dental-only coverage is a monthly count of children enrolled on the last day of each month.

Performance Goal/Target:

| | |
|---------------|--------|
| <i>hawk-i</i> | 25,875 |
| Dental-only | 16,861 |



What was achieved: *hawk-i* ensured that Iowa's children have access to quality health and dental care coverage by enrolling a total of 27,573 children, 10.2% above target (*Dental-only enrollment was not included in this calculation*).

Data Sources: "Monthly Log Demographic Reports", Iowa Medicaid Enterprise, Bureau of Adult and Children's Medical Program through a contract with *hawk-i* Project Office.

Resources: This activity is funded with federal funds (approximately 75%), state general fund appropriations (approximately 25%), and some enrollee cost-sharing. Total state expenditures for SFY 2010 for CHIP were \$23,481,673. Of this, \$16,282,064 was expended for the *hawk-i* program. This amount represents the state share of all costs associated with administration and the provision of services to children participating in the program. The above dollars do not include costs associated with service delivery (field staff). These costs add an additional \$242,865 in state costs.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Child Support Recovery

Description: Provide services to establish paternity and support orders, so there is a legal duty for both parents to provide for their children. Enforce the obligation to provide ongoing support for custodial parents and children. In SFY2010, CSRU collected over 3 million payments and served over 678,508 parents and children.

Why we are doing this: Current child support collected in the month it is due helps families have predictable income to use for the needs of the children. It also helps families avoid the need for public assistance.

What we're doing to achieve results: Child support locates absent parents, secures income withholding orders, and in the case of non paying obligors offsets tax refunds, applies license sanctions, and levies bank accounts. Another strategy being used to improve collections is to identify the most effective way to work interstate cases. Child support also studies performance each month.

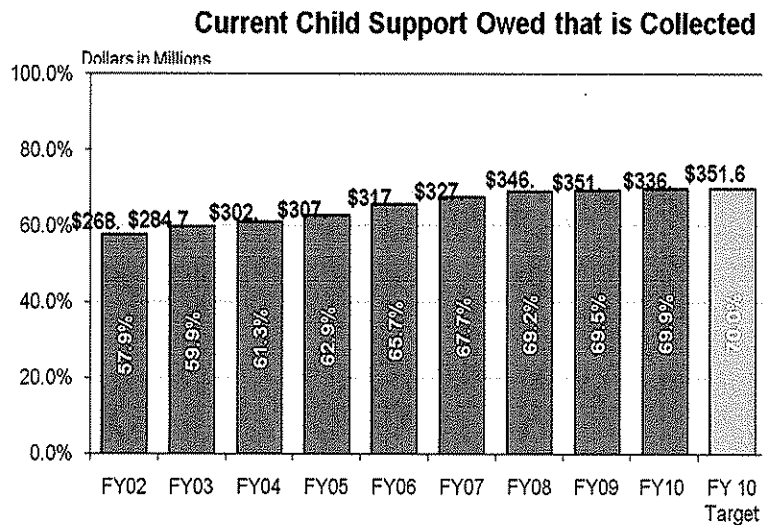
Results

Performance Measure:

Percentage of all support owed in the current state fiscal year which is collected in the current state fiscal year.

Performance Goal/Target:

70%



What was achieved: Child support collected 69.95% of current year support owed during FY10, providing for a more financially stable home environment for families dependent upon child support. \$336 Million was collected.

Data Sources: Child Support Recovery Unit

Resources: This activity, as well as other activities, was funded by the general fund appropriation.

KEY RESULT

Name: Iowa Medicaid Preferred Drug List (PDL) Program

Description:

A Preferred Drug List (PDL) is a list comprised of preferred and nonpreferred drugs recommended to the Iowa Department of Human Services by the Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee. Preferred drugs have been identified as therapeutically equivalent to other drugs within a drug class and a cost benefit to the Medicaid program. While all drugs on the PDL are available, nonpreferred drugs require prior authorization (PA) in order for reimbursement to occur.

Why we are doing this: The implementation of the Preferred Drug List and the receipt of supplemental drug rebates from drug manufacturers have played a critical role in containing the costs of prescription drugs in the Iowa Medicaid program. In SFY 2005, with the PDL in effect for six months, the drug expenditures were \$407.8M, representing a 14% annual increase. After accounting for the supplemental rebates (\$9M), this net annual increase in SFY 2005 was reduced to 11.5%. In SFY 2006, the drug expenditures were \$332.4M with nearly \$16M in supplemental rebates. In SFY 2007 drug expenditures were \$235M with \$14.1M in supplemental rebates. SFY 2008 resulted in drug expenditures of \$232.9M and supplemental rebates of \$13.8M. The past two years, SFY 2009 and SFY 2010, resulted in expenditures of \$248.4M and \$252.2M respectively, and supplemental rebates of \$14.7M and \$14.9M respectively.

What we're doing to achieve results: DHS implemented a Preferred Drug List and negotiated for Supplemental Rebates beginning January 2005. In 2006, the Department collaborated in the creation of the Sovereign States Drug Consortium, a multi-state drug pool. Since its inception, this drug pool, authorized by the federal government, has allowed the state to obtain better supplemental rebates. The federal Medicare Part D drug program shifted drug costs out of the Iowa Medicaid program for dually eligible Medicaid members to the federal Medicare program, resulting in a reduction of expenditures from 2006 to 2007.

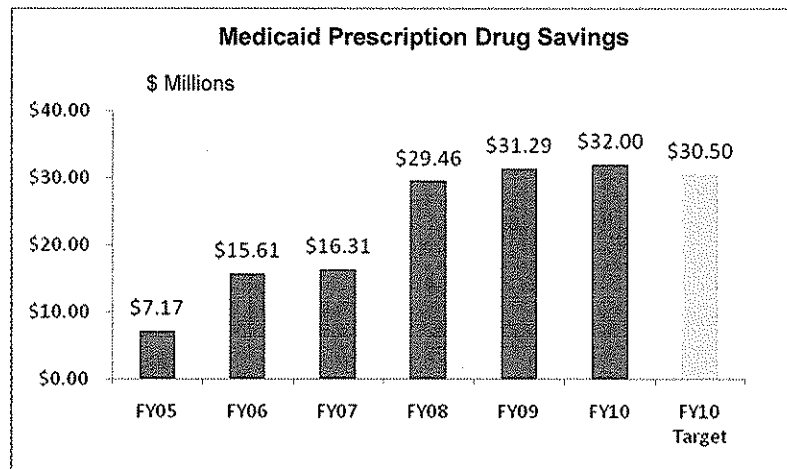
Results

Performance Measure:

State Dollars saved through the Pharmaceutical Preferred Drug List (Iowa Medicaid) Program

Performance Goal/Target:

\$30.5 Million



What was achieved: \$32M in state dollars were saved through the Preferred Drug List and an additional \$79.6M in Federal dollars for a total of \$111.6M in pharmaceutical savings in SFY10.

Data Sources: Iowa Medicaid Enterprise

Resources: State and Federal dollars are used to pay for Medicaid eligible services and benefits.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Childcare Assistance

Description: Provides funding for childcare for almost 23,000 children of low-income parents who are working or in school, as well as children in foster care.

Why we are doing this: Providing funding for childcare services enables families to meet their goals for self-sufficiency and offers opportunities for their children to be in safe and quality early learning environments.

What we're doing to achieve results: Childcare assistance pays providers on behalf of low-income parents who are working or in school to help defray the cost of licensed childcare facilities. The DHS website maintains a list of registered childcare providers, aiding parents in locating safe and regulated environments for their children to stay.

Results

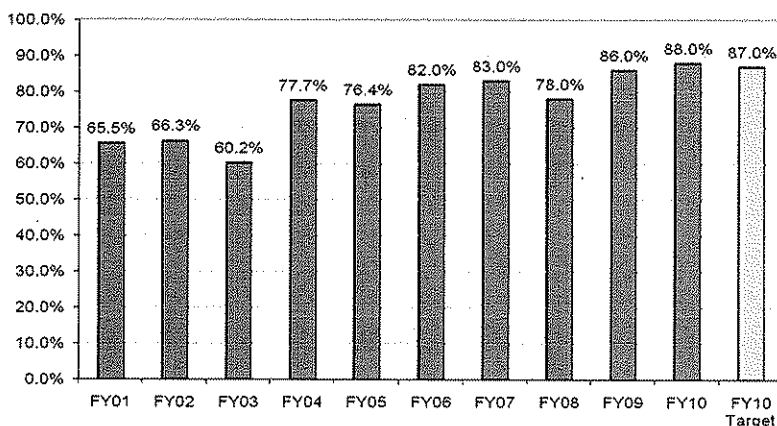
Performance Measure:

Percent of children receiving Child Care Assistance (CCA) who are in regulated settings.

Performance Goal/Target:

87% for SFY 10

Children Receiving CCA in Regulated Settings



What was achieved: Regulated childcare environments provide safe and monitored environments for children. 88% of children receiving childcare assistance in SFY 10 received that childcare in regulated settings, two percentage points above the target.

Data Sources: DHS DCPD and the Kindertrack system.

Resources: \$36,444,733 state dollars and \$47,900,066 federal dollars were spent on subsidized childcare in SFY 10.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: MHIs – Improvement of MHI patients' ability to function. (Cherokee, Clarinda, Independence, Mount Pleasant)

Description: Measures the percentage of all patients admitted that show an improvement in their ability to function.

Why we are doing this: Mental health services provided at the MHIs are designed to stabilize a patient's condition and improve their ability to function to enable them to successfully live outside an institution in the community.

What we're doing to achieve results: The MHIs provide a variety of programs of behavioral care such as acute psychiatric care at all four facilities, acute services for patients with a dual diagnosis of substance abuse and mental illness at Mount Pleasant MHI, substance abuse treatment at Mount Pleasant, geropsychiatric services for elderly people with a serious mental illness at Clarinda, sub-acute care in a Psychiatric Medical Institution for Children (PMIC) level of care at Independence. All four facilities continue to meet requirements for certification by the Department of Inspections and Appeals and survey standards used by the Federal Centers for Medicare & Medicaid Services. Independence and Cherokee are accredited by The Joint Commission. The accreditation process provides the facilities a rigorous and structured outside review of their policies and practices. A replacement for the aging computer system handling medical records, patient data, and patient billing functions was implemented.

Results

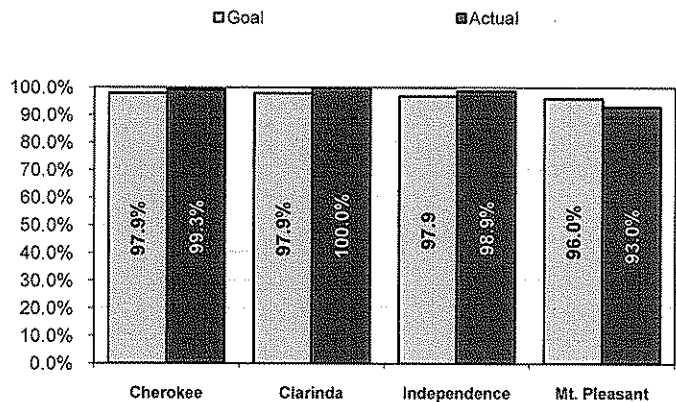
Performance Measure:

Percentage of patients admitted that show an improvement on the Global Assessment of Functioning (GAF) scoring instrument).

Performance Goal/Target:

97.9% at Cherokee, Clarinda and Independence.
96% at Mt. Pleasant.

MHI Patient Improvement in Ability to Function



What was achieved: All of the Mental Health Institutes attained the goal in one or more program areas. The individual performances were: 99.3% at Cherokee MHI, 100% at Clarinda Psychiatric Program, 98.8% at Independence Psychiatric Program, 100% at Independence Psychiatric Medical Institution for Children, and 97% at Mount Pleasant Psychiatric Program and 90% at Mount Pleasant Dual Diagnosis Program.

Data Sources: Cherokee MHI, Clarinda MHI, Independence MHI, Mount Pleasant MHI.

Resources: The SFY10 state appropriation of \$ 48,460,726 to the four Mental Health Institutes.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: SRCs – Improve readmission rate of persons receiving treatment at SRCs (Glenwood and Woodward)

Description: Measures the percentage of individuals that return to a SRC within 180 days of discharge.

Why we are doing this: The State Resource Centers at Woodward and Glenwood serve persons of all ages who have intellectual or other developmental disabilities. Nearly all of the residents at the Resource Centers have been denied admission to community-based providers of this level of care. The goal is to provide a variety of treatment and outreach services to people with intellectual or other developmental disabilities, and to assist residents to return to their communities.

What we're doing to achieve results: State Resource Centers are working with community-based programs and are developing outplacement plans that address the individualized needs of each person.

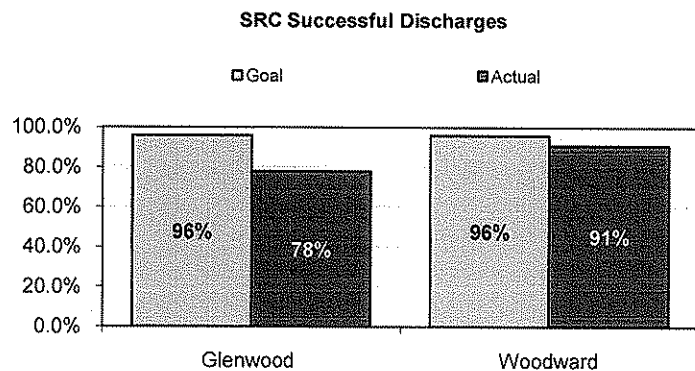
Results

Performance Measure:

Percent of persons treated by the SRC who are not re-admitted within 180 days following moving from the facility.

Performance Goal/Target:

96% at both Glenwood and Woodward



What was achieved: Glenwood and Woodward had transitions with rates of 78% and 91% respectively.

Data Sources: Glenwood and Woodward SRCs.

Resources: The state appropriation to the two State Resource Centers totaled \$25,950,457 for SFY10.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Targeted Case Management

Description: When counties select DHS Targeted Case Management (TCM) as the designated provider in that county, the unit plans, arranges, monitors, and adjusts services for eligible individuals. Eligible individuals are those receiving Medicaid with a condition of mental retardation, brain injury and/or those who are chronically mentally ill. DHS TCM operates as a Medicaid provider that receives no appropriated funds. TCM receives funding through fee-for-service revenues paid by counties using a mix of federal, state, and county funds.

Why we are doing this: Targeted case management focuses on the consumer's strengths, interests, abilities, and competencies. The service involves the consumer, families, guardians, and other professionals and agencies in identifying, developing, implementing and monitoring a comprehensive outcomes achievement plan. Targeted case management seeks to assist the consumer in:

- * Gaining independence
- * Attaining integration into the community
- * Maximizing participation in the decision making process
- * Achieving outcomes.

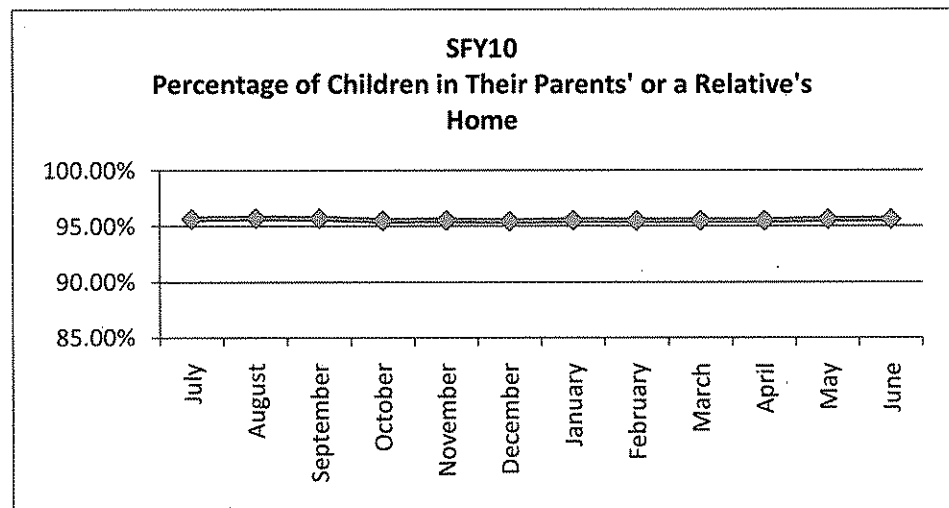
What we're doing to achieve results: A targeted case manager plans, coordinates, and monitors services of other providers. The targeted case manager acts as an advocate to link consumers to service agencies and support systems responsible for providing the necessary direct services.

Results

Performance Measure:

Percentage of the children served by TCM that live in their parents or a relative's home

Performance Goal/Target:
90%



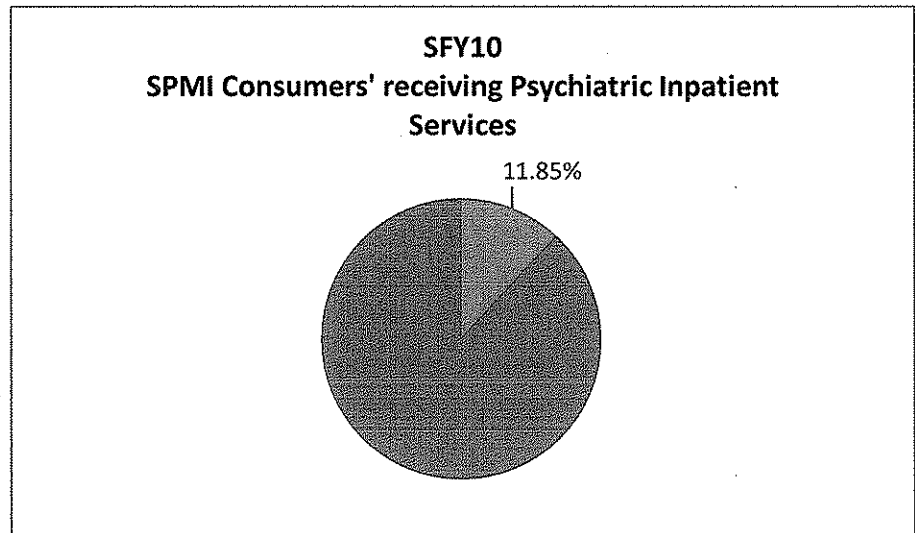
What was achieved: An average of 95.70% of children served by TCM were served in their own home or in the home of an immediate relative, exceeding the target by 5.7 percentage points.

Data Sources: Consumer assessment data from the case management consumer database.

Resources: Service provided to children in SFY 2010 was 72.09% Federally funded and 27.91% State funded.

Performance Measure:
Percentage of consumers with a severe and persistent mental health condition (SPMI) receiving psychiatric inpatient services.

Performance Goal/Target:
Less than 15%



What was achieved: In Fiscal Year 2010, a total of 95 of 802 SPMI consumers received psychiatric inpatient services.

Data Sources: Consumer assessment data from the case management SQL consumer database.

Resources: Service provided to SPMI consumers in FY 2010 was provided through Magellan Behavioral Care. The match is appropriated to the Medicaid program.

Agency Contacts

Copies of the Department of Human Services' Performance Report are available on the DHS website at <http://www.resultsiowa.org/humansvs.html> . Copies of the report can also be obtained by contacting Sandy Knudsen in the Bureau of Planning and Research at 515-281-7064. The Department of Human Services' website is <http://dhs.iowa.gov> .

Iowa Department of Human Services
Hoover Building
1305 E. Walnut St.
Des Moines, IA 50319

(515) 281-5454
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2010 DHS Performance Results - SPAs and Measures

| Core Function Name | SPA Number | SPA Name | SPA Description | Performance Measure Number | Performance Measure | 2010 Target | 2010 Actual | Strategy |
|--------------------------------|------------|---|---|----------------------------|---|-------------|--|--|
| Child and Adult Protection | 401_10004 | Chafe Foster Care Independence Program | Provides funds to assist foster care youth transition to young adulthood by providing a range of supportive services, including services to prepare youth for transition, Aftercare Services, and Education and Training Vouchers (ETVs). ETVs are used to assist youth, who have "aged out" of foster care or who were adopted from foster care after attaining the age of 16, by supporting post-secondary education and training programs. DHS provides these services through an inter-agency agreement with the Iowa College Student Aid Commission. | 51 | Percent of youth, who age out of care at age 18 or older, that have a high school degree or GED at time of discharge | TBD | 71% | 1) Provide needed supports as foster child moves into adulthood and tries to become self-sufficient. 2) Improve transition planning - implement transition planning committees. |
| | | | | 52 | Number of kids served in Aftercare Program | 400 | 775 | To ensure each youth exiting foster care due to turning 18 years of age is equipped with the skills and resources needed for successful transition into adulthood and follow-up with services and supports as needed, up to the age of 21, for continued preparation to meet the challenges and opportunities of adulthood. |
| Economic Support | 401_10007 | Child Abuse Prevention | Funds services and supports for families to prevent child abuse and neglect. Services and supports such as young parents, Health Opportunities for Parents to Experience Success (HOPES) program, crisis nursery, parent education, respite care, sexual abuse prevention are provided through Department of Public Health and Prevent Child Abuse Iowa. | 57 | Rate of confirmed child abuse (per thousand) | 20 | 16 | 1) Community Care program, 2) Home visiting program, 3) Young parents program, 4) Crisis care, 5) Community Partnerships for Protecting Children. |
| | 401_20024 | Supplemental Food Program | Provides supplemental food programs for low-income working families and the elderly. The Emergency Food Assistance program provided a monthly average of 235,000 people with 8.6 million pounds of food with an estimated value of \$3,716,690 in SFY 2009. 1,035,155 pounds of food valued at \$750,146 of supplemental commodities were provided to PkK and 3 surrounding counties to a monthly average of 3,225 people. 36,736 pounds of food valued at \$85,736 was provided to Woodward Resource Center. Federal regulations require state contributions for supplemental food programs. | 72 | Average monthly number of people served through food banks and soup kitchens via the Emergency Food Assistance Program. | 180,000 | 235,817 | 1) Include information about emerging food programs as part of local DHS intake/interview process. 2) Make referrals to local community programs. |
| Health Care & Support Services | 401_34038 | Community Based Pregnancy Prevention Programs | Provides for community level services to prevent teen pregnancy through comprehensive preventative services and support families through family planning services of education, social and medical services. In SFY 09, 38,931 individuals received direct services through the Community Adolescent Program. Media programming and coalition advertising reached over 50,000 individuals throughout Iowa. | 73 | Average monthly number of people served through supplemental commodities in PkK and 8 surrounding counties. | 3,455 | 3,438 | 1) Include information about emerging food programs as part of local DHS intake/interview process. 2) Make referrals to local community programs. |
| | | | | 64 | Average score of teen pregnancy prevention participant responses to survey questions relating to abstinence and likelihood of postponing sex. (Scale is 1 = not at all, 2 = a little more, and 3 = a lot more.) | 2 | 2 | TBD |
| Resource Management | 401_67001 | Service Delivery Support | Provides the foundation and administrative support for the management, delivery and improvement of all DHS services and program. Service delivery across the array of programs and services depends on corporate accountability through performance management, goal setting, strategic planning, information technology, data management, fiscal accountability, revenue maximization, program direction and oversight, human resource management, and an effective liaison with federal and state policymakers. | 67 | Percent of community teen pregnancy and parenting grantees that do not have an increase in live births to mothers under age 18. | 55% | 67% | TBD |
| | | | | 5 | Percent of Claims Paid within 30 days of initial receipt | 90% | 78.6% | Direct staff resources to claims processing |
| | | | | 6 | Percent of child support payments processed within 2 business days of receipt. | 100% | 99% | Shift resources and cross train to ensure adequate staffing during peak receipt times. |
| | | | | 14 | Availability (up-time) of DHS systems (includes DHS network and the various administrative systems). | 98% | 99.86% | Work with ITE to monitor and improve system availability. |
| | | | | 15 | Employee satisfaction rate. | 85% | Unavailable due to changes in the tracking system. | 1) Improve ongoing communications with employees. 2) Expand employee performance recognition programs. |
| | | | | 101 | Employee Turnover Rate | 9% | 8.9% | 1) Develop programs to respond to identified causes of turnover. 2) Promote employee recognition and training programs. |
| | 402_10002 | Child, Adult and Family Protection and Services | Protection of children, adults, and families through the performance of 23,236 child assessment's, assessment of service needs and arrangement and monitoring of outcome achievement for 28,842 children and approximately 1,864 dependent adults. (Numbers are calendar 2008 Actuals) | 36 | Percent of children who do not experience re-abuse for at least 6-months from a previous occurrence. | 91.2% | 91.4% | Utilize standardized assessments, family engagement, and safety plans, reduce caseloads increase visits, and improve transitions. |
| | | | | 37 | Percent of children exiting foster care who are re-united with their families within 12 months from last removal from home (re-unification). | 59% | 63% | Utilize standardized assessments, family engagement, focus on underlying conditions (parental issues), and improve transitions. |
| | | | | 38 | Percent of children who do not re-enter foster care within 12 months of last foster care episode (re-entry) | 90.7% | 87.9% | Improve family engagement, assessment of family needs, improve discharge planning and provision of after care to support successful reunification. |
| | | | | 61 | Percent of foster care children who have 2 or fewer moves in the first year after removal (placement stability). | 86.3% | 87.2% | 1) Increase recruitment of qualified foster and adoptive parents; increase use of concurrent planning. 2) Utilize standardized assessments, family engagement, focus on underlying conditions (parental issues), and improve transitions. 3) Improve family engagement, assessment of family needs; improve discharge planning and provision of after care to support successful reunification. 4) Utilize standardized assessments, family engagement, and safety plans, reduce caseloads increase visits, and improve transitions. |
| | | | | 85 | Percent of maltreatment assessments that are initiated in a timely fashion. | 99% | 87.2% | 1) Train centralized intake units in each service area. 2) Maintain as focus in quality assurance reviews. |
| | | | | 86 | Percent of cases with monthly face-to-face visit with child | 75% | 81% | 1) Improve clinical consultation. 2) Maintain a focus in quality assurance reviews. 3) Reduce caseloads when possible. |
| | | | | 163 | Percentage of parents having monthly face-to-face visits with their DHS caseworker. | 46% | 55% | 1) Increase number of case managers. 2) Offload non-child welfare work. |

| Core Function Name | SFA Number | SFA Name | SFA Description | Performance Measure Number | Performance Measure | 2010 Target | 2010 Actual | Strategy |
|--------------------|------------|--|--|----------------------------|--|----------------|--|---|
| | 402_22018 | Food Assistance, FIP, Child Care, and Medicaid benefit access. | Statewide eligibility determination for all Food Assistance, Cash Assistance (FIP), Title XIX Medical Assistance (Medicaid), Child Care Assistance cases. The federal and state inspection of child care centers. In SFY 2009, 83,429 individuals living in approximately 139,144 households received Food Assistance (formerly known as Food Stamps). In FY 2009, 4,000 in SFY 2009, cash assistance was provided to over 15,689 households per month through Title XIX Medical Assistance. Over 995,000 individuals per month are served through Iowa's Medicaid program (Title XIX Medical Assistance), and over 26,000 children are currently eligible for Child Care Assistance and referred to other services such as Child Support and work training. DHS also licenses and inspects 1,543 childcare centers throughout the state with a capacity to serve nearly 92,000 children. Caseloads for eligibility determination staff are currently at an average of 502 cases per worker. | 17 | Number of Iowans receiving Food Assistance at the end of the SFY | 347,586 | 346,551 | 1) Increase participation by continuing outreach efforts with a greater emphasis on the elderly. 2) Increase utilization of the on-line application through marketing. 3) Continue expanding EBT access at Farmers' Markets. 4) Increase use of the Customer Service Call Center. 5) Implement process improvement projects. 6) Develop community partnerships. |
| | | | | 22 | Average monthly number of enrollees in Medicaid (includes IowaCare, Family Planning Waiver, and Medicaid Expansion). | 387,052 | 443,739 | 1) Increase participation by supporting federal outreach for programs offering limited Medicaid coverage for Medicare beneficiaries. 2) Increased outreach through media campaign. 3) Eliminate IowaCare premiums for people below 100% FPL. 4) Increase the earned income disregard. |
| | | | | 87 | Average monthly number of families receiving FIP | 16,694 | 17,444 | 1) Improve customer service through process improvement projects. 2) Increase number of families attaining self-sufficiency through employment by increasing the earned income disregard. |
| | | | | 88 | FA accuracy rate | 94.5% | 93.5% | 1) Improve accuracy by focusing corrective action efforts on common error elements. 2) Implement electronic case reading tool. |
| | | | | 110 | Number of households receiving Food Assistance at the end of the SFY. | 139,735 | 159,680 | 1) Increase participation by continuing outreach efforts with a greater emphasis on the elderly. 2) Increase utilization of the on-line application through marketing. 3) Continue expanding EBT access at Farmers' Markets. 4) Increase use of the Customer Service Call Center. 5) Implement process improvement projects. 6) Develop community partnerships. |
| | 402_22026 | Establish/Enforce child support orders (CSRU) | Child Support Recovery assists families of Iowa to achieve and maintain financial self-sufficiency by establishing and enforcing child and medical support orders, and by processing support payments. It is a national leader and ranks consistently among the top ten states in overall performance. CSRU establishes paternity and child support orders to establish a legal obligation for both parents to provide for their children. The goal of the program is to assist custodial parents to receive court-ordered child support payments, and to assist in determining paternity in out-of-wedlock births. Recoveries assist taxpayers by helping to reimburse government costs for custodial parents who receive public assistance. CSRU enforces the obligation to pay for over 676,508 individuals collecting over \$336.7 million for Iowans through the processing of over 3 million payments per year. | 174 | Reduce Food Assistance error rate | 4% | 6% | Child support will assist in securing self-sufficiency by establishing orders for support and securing current support. |
| | | | | 19 | Percent of all active child support cases that have a court order establishing the legal obligation of both parents to provide for the financial support of the child(ren) | 85% | 85% | |
| | | | | 20 | Percent of all child support owed in the current state fiscal year which is collected in the current state fiscal year | 70% | 70% | Child support will assist in securing self-sufficiency by establishing orders for support and securing current support. |
| | | | | 123 | Total Child Support collections | \$ 351,600,000 | \$ 336,375,284 | Child support will assist in securing self-sufficiency by securing current and delinquent support. |
| | | | | 164 | Percentage of cases with paternity established so that children have two parents legally responsible for their care. | 90% | 98% | Children will have two legal parents. |
| | 402_22027 | Resettlement | Provide resettlement services to assist newly arriving refugees in obtaining housing, medical care, enrollment in school, financial assistance and referral to employment services. | 68 | Average wage for refugees placed in full time employment. | \$ 9.00 | \$ 9.60 | Arrange for housing, medical care, and school and job placement. |
| | | | | 167 | Percent of BRS resettled refugees placed in a job with health benefits available within 6 months of placement. | 83% | 99% | Arrange for housing, medical care, and school and job placement. |
| | 402_22028 | Self-Sufficiency | Provide services and support to refugees to secure self-sufficiency | 69 | Average wage for refugees placed in full time employment. | \$ 9.00 | \$ 10.06 | Arrange for housing, medical care, and school and job placement. |
| | | | | 167 | Percent of BRS resettled refugees placed in a job with health benefits available within 6 months of placement. | 83% | 99% | Arrange for housing, medical care, and school and job placement. |
| | 402_34044 | Targeted Case Management | Targeted Case Management operates as a Medicaid provider that receives no appropriated funds and exists on fee-for-service revenues funded by federal, state, and county dollars. Counties may choose to select DHS Targeted Case Management as their designated provider of case management services. The unit employs professional case managers who plan, arrange, monitor and adjust services to eligible people. The DHS Targeted Case Management Unit is designed to help consumers with mental retardation, chronic mental illness or developmental disabilities gain access to appropriate living environments, needed medical services, and intermediate social, vocational and educational service. To become eligible, individuals must be receiving Medicaid and have a condition of mental retardation, brain injury and/or chronic mental illness. | 102 | Percent of Targeted Case Management Consumers with a Severe and Persistent Mental Health Condition receiving psychiatric outpatient services. | 15% | 11.9% | Create plans for consumer, anticipate emergencies and plan for the support necessary to maintain individual. |
| | 404_10014 | Toledo - Delinquent | The State Training School for Girls at Toledo provides residential care and treatment services for female delinquents. In addition, Toledo provides a basic education program for development of fundamental academic skills and the attainment of life skills. Special education programs are offered based on a student's Individual Education Plan. Vocational programs are also offered. | 103 | Percent of the children served by TCM that live in the family home. | 90% | 95.7% | Children are maintained in their homes through provision of support services. |
| | | | | 33 | Percent of youth who remain in the community for a 6-month period after discharge | 100% | This measure was to be deleted from FY10 measures. | Increase the percentage of youth with discharge plans addressing medical, educational and mental health needs. |
| | | | | 172 | Reading Academic Achievement - Percent of students who show improvement from Pre- to Post-test, which occur at admission and discharge | 52% | 45% | Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs. |
| | | | | 173 | Math Academic Achievement - Percent of students who show improvement from Pre- to Post-test, which occur at admission and discharge | 55% | 35% | Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs. |
| | | | | 176 | Percent of youth who were readmitted after a discharge from the facility. | 17% | 26% | |

| Core Function Name | SPA Number | SPA Name | SPA Description | Performance Measure Number | Performance Measure | 2010 Target | 2010 Actual | Strategy |
|--------------------|------------|---------------------|---|----------------------------|---|-------------|--|---|
| | 404_10015 | Toledo- CINA | The Iowa Juvenile Home at Toledo provides residential care and treatment services for males and females adjudicated to be Children in Need of Assistance (CINA), who have needs unmet through community-based services. The Iowa Juvenile Home provides a basic education program for development of fundamental academic skills and the attainment of life skills. Special education programs are offered based on a student's Individual Education Plan. Vocational programs are also offered. | 33 | Percent of youth who remain in the community for a 6-month period after discharge | 100% | This measure was to be deleted from FY10 measures. | Increase the percentage of youth with discharge plans addressing medical, educational and mental health needs. |
| | | | | 172 | Reading Academic Achievement – Percent of students who show improvement from Pre- to Post-test, which occur at admission and discharge | 52% | 55% | Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs. |
| | | | | 173 | Math Academic Achievement – Percent of students who show improvement from Pre- to Post-test, which occur at admission and discharge | 55% | 42% | Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs. |
| | | | | 176 | Percent of youth who were readmitted after a discharge from the facility. | 17% | 12% | |
| | 405_10016 | Eldora | The State Training School for Boys at Eldora provides residential care and treatment services for delinquent boys. The State Training School provides a basic education program for development of fundamental academic skills, and the attainment of life skills. Special education programs are offered based on a student's Individual Education Plan. Vocational programs are also offered. | 33 | Percent of youth who remain in the community for a 6-month period after discharge | 100% | This measure was to be deleted from FY10 measures. | Increase the percentage of youth with discharge plans addressing medical, educational and mental health needs. |
| | | | | 172 | Reading Academic Achievement – Percent of students who show improvement from Pre- to Post-test, which occur at admission and discharge | 58% | 74% | Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs. |
| | | | | 173 | Math Academic Achievement – Percent of students who show improvement from Pre- to Post-test, which occur at admission and discharge | 67% | 65% | Give residents skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs. |
| | | | | 176 | Percent of youth who were readmitted after a discharge from the facility. | 16% | 16% | |
| | 406_10017 | CCUSO | The Civil Commitment Unit for Sexual Offenders (CCUSO) provides care and treatment for violent sexual offenders who have been civilly committed. This unit provides a secure, long term, and highly structured setting to treat sexually violent predators who have served their prison terms but who, in a separate civil trial, have been found likely to commit further violent sexual offenses. The program admitted 6 new patients in SFY2009 and had an average daily census of 77.9. | 98 | Percent of patients who show progress in treatment | 19% | 20% | 1) Focus on skills needed to successfully live in their community as children and adults by providing effective academic and vocational education programs. 2) Continue to develop discharge plans addressing medical, educational and mental health needs. |
| | | | | 152 | Number of clients served by CCUSO at close of SFY | 86 | 80 | CCUSO receives patient admissions from the court system and does not have authority to deny admissions. |
| | 407_34045 | Cherokee | Cherokee Mental Health Institute (MHI) provides acute psychiatric services for voluntarily and involuntarily committed adults and children. Cherokee MHI admitted 506 patients in SFY 2009. Cherokee has 46 adult beds and 12 children/adolescent beds. Cherokee serves adults from a catchment area of 41 northwestern Iowa counties and children from 56 western Iowa counties. In addition, Cherokee MHI provides outpatient mental health services and serves as a resource center to the community. | 80 | Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument | 97.9% | 99.3% | Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided. |
| | | | | 100 | Number of hours per 1,000 patient hours spent in restraint or seclusion. | 0.7 | 1.05 | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 149 | Percent of MHI clients who are not readmitted within 30 days of discharge | 96.1% | 96.6% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 150 | Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay | 93.7% | 96.0% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | 408_34046 | Clairinda Psych | Clairinda Mental Health Institute (MHI) provides acute psychiatric services for voluntarily and involuntarily committed adults. Clairinda MHI is the primary inpatient provider for adults with chronic mental illness who are involuntarily committed in its 15-county southwestern Iowa catchment area. Clairinda MHI admitted 216 patients in SFY 2009. Clairinda MHI operates 20 adult psychiatric beds. | 80 | Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument | 97.9% | 100% | Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided. |
| | | | | 100 | Number of hours per 1,000 patient hours spent in restraint or seclusion. | 1.8 | 0.09 | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 149 | Percent of MHI clients who are not readmitted within 30 days of discharge | 96.1% | 90.7% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 150 | Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay | 93.7% | 83.0% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | 408_34047 | Clairinda Geropsych | Clairinda Mental Health Institute (MHI) provided inpatient geropsychiatric services to 47 elderly Iowans in SFY2009. The Geropsychiatric program at Clairinda is the only state facility serving this population group. All of the individuals served in this 35-bed unit have a serious cognitive loss or dementia and 94% exhibit significant behavior problems. Iowa's nursing homes are unable to meet these individuals' needs and they are not appropriate for acute inpatient care. Clairinda serves a statewide catchment area. | 100 | Number of hours per 1,000 patient hours spent in restraint or seclusion. | 1.8 | 0.0 | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 150 | Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay | 85.2% | 91.3% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | 409_34048 | Independence Psych | Independence Mental Health Institute (MHI) provides acute psychiatric services for voluntarily and involuntarily committed adults and children. Independence MHI is the primary inpatient provider for adults with chronic mental illness who are involuntarily committed in its 28-county northeastern Iowa catchment area, and children/adolescents from 43 eastern-Iowa counties. Independence MHI admitted 314 patients in SFY 2009. Independence has 40 adult beds and 25 child/adolescent beds. | 80 | Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument | 97.9% | 98.8% | Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided. |
| | | | | 100 | Number of hours per 1,000 patient hours spent in restraint or seclusion. | 1.80 | 1.11 | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |

| Core Function Name | SPA Number | SPA Name | SPA Description | Performance Measure Number | Performance Measure | 2010 Target | 2010 Actual | Strategy |
|--------------------|------------|-----------------------------|---|----------------------------|---|-------------|-------------|---|
| | | | | 148 | Percent of MHI clients who are not readmitted within 30 days of discharge | 96.1% | 91.8% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 150 | Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay | 87.0% | 91.2% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | 409_34049 | Independence PMIC | The Independence Psychiatric Medical Institution for Children (PMIC) was established to provide additional sub-acute care capacity in Iowa and to serve children whose needs were unmet by community-based providers. Entry to this program is limited to children/adolescents referred by Cherokee and Independence MHIs and by the Iowa Juvenile Home at Toledo when there is no community PMIC that is willing to accept the child. Independence PMIC admitted 122 patients in SFY 2009. There are 30 beds. | 80 | Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument | 97.9% | 100% | Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided. |
| | | | | 149 | Percent of MHI clients who are not readmitted within 30 days of discharge | 96.1% | 96.0% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 150 | Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay | 90.1% | 92.0% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | 410_34050 | Mt. Pleasant Psych | Mt. Pleasant Mental Health Institute (MHI) provides acute psychiatric services for voluntarily and involuntarily committed adults. Mt. Pleasant MHI is the primary inpatient provider for people with chronic mental illness who are involuntarily committed in its 15-county southeastern Iowa catchment area. Mount Pleasant MHI admitted 120 patients to the acute unit in SFY2009. Mt. Pleasant MHI operates 14 adult psychiatric beds. | 80 | Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument | 96% | 97% | Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided. |
| | | | | 100 | Number of hours per 1,000 patient hours spent in restraint or seclusion. | 1.8 | 0.53 | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 149 | Percent of MHI clients who are not readmitted within 30 days of discharge | 96.1% | 88.6% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 150 | Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay | 85% | 85% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | 410_34051 | Mt. Pleasant Dual Diagnosis | The Dual Diagnosis Unit at Mt. Pleasant integrates substance abuse as well as mental health treatment into all aspects of the existing mental health program and service system rather than isolating substance abuse treatment as a discrete intervention. Treatment programs for dual diagnosis provide a comprehensive range of integrated services including counseling, case management, medications, housing, vocational rehabilitation, social skills training, and family intervention that are modified to include both diagnoses. Research has demonstrated that compared with nonintegrated treatment, a variety of positive outcomes in domains such as substance abuse, psychiatric symptoms, housing, hospitalization, arrests, functional status, quality of life, and reduced costs are associated with dual diagnosis services (Drake et al., 2001). Mt. Pleasant Dual Diagnosis program admitted 167 patients in SFY2009 to its 15-bed unit. The Dual Diagnosis program has a statewide catchment area. | 80 | Percent of all patients admitted that show an improvement in their ability to function based on the Global Assessment of Functioning (GAF) instrument | 96% | 90% | Continue to increase the improvement in the functioning level of patients discharged by improving the quality of the inpatient psychiatric services provided. |
| | | | | 100 | Number of hours per 1,000 patient hours spent in restraint or seclusion. | 1.8 | 0.10 | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 149 | Percent of MHI clients who are not readmitted within 30 days of discharge | 96.1% | 98.8% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 150 | Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay | 92% | 93.0% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | 410_34052 | Mt. Pleasant SA | Provision of a 30-day residential substance abuse treatment program for adults. This program has approximately 1/3 of the total number of residential substance abuse treatment beds in Iowa. As such, it is a primary resource for court ordered treatment and for offenders in the Community Based Correctional system. The Mt. Pleasant Substance Abuse admitted 518 patients in SFY2009 to its 50-bed program. The Mt. Pleasant substance abuse program has a statewide catchment area. | 81 | Percent of people receiving substance abuse treatment will show a level of improvement that will allow progression to the next stage of treatment or outpatient monitoring. | 96.0% | 92.7% | Decrease the average ASAM scale scores of persons discharged by continuing to improve the quality of the treatment episode. |
| | | | | 149 | Percent of MHI clients who are not readmitted within 30 days of discharge | 96.1% | 99.5% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 150 | Percent of MHI clients (or their guardians) who self-report they are satisfied with the treatment and services received during their stay | 96.7% | 90.0% | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 179 | Percent of substance abuse clients who successfully complete/receive maximum benefits from the program. | 87.4% | 80.4% | |
| | 411_34053 | Glenwood ICF/MR | Glenwood Resource Center provides Intermediate Care Facility (ICF) services to adults and children with mental retardation or developmental disabilities who are voluntarily or involuntarily admitted. These services include treatment, training, care, habilitation, support and instruction. Glenwood serves 340 persons annually (315 adults and 25 children). Glenwood serves a 52 county catchment area. | 100 | Number of hours per 1,000 patient hours spent in restraint or seclusion. | 0.10 | 0.07 | Provide effective treatment, rehabilitation, and habilitation services to ensure persons are able to successfully live in the community. |
| | | | | 109 | Percent of the CFMR clients that are employed and wage earners | 60% | 58% | TBD |
| | | | | 171 | Reduction in the number of persons residing in the State Resource Centers | 12 | 20 | TBD |
| | | | | 180 | Percent of discharged clients who remain in the community for at least 180 days | 96% | 78% | TBD |
| | | | | 181 | Number of clients transitioning to the community using MFP | 12 | 20 | TBD |

| Core Function Name | SPA Number | SPA Name | SPA Description | Performance Measure Number | Performance Measure | 2010 Target | 2010 Actual | Strategy |
|--------------------|------------|---------------------------------------|--|----------------------------|--|-------------|-------------|--|
| | 411_34054 | Glenwood Comm | Glenwood Resource Center provides a variety of treatment and outreach services to people of all ages with mental retardation or other developmental disabilities. Like its sister facility at Woodward, Glenwood helps residents reach their individual goals and return to their communities. Nearly all of the residents at Glenwood have been denied admission to community-based providers of this level of care. Glenwood serves 34 persons (adults and children) annually in these services. | 180 | Percent of discharged clients who remain in the community for at least 180 days. | 98% | 78% | TBD |
| | 412_34055 | Woodward ICFMR | Woodward Resource Center provides Intermediate Care Facility (ICF) services to adults and children with mental retardation or developmental disabilities who are voluntarily or involuntarily admitted. These services include treatment, training, care, habilitation, support and instruction. Woodward serves 250 persons annually including (235 adults and 15 children). Woodward serves a 47 county catchment area. | 100 | Number of hours per 1,000 patient hours spent in restraint or seclusion. | 0.20 | 0.06 | Improve the ability of persons with mental illness to function in the community by providing effective treatment to stabilize acute mental illness episodes. |
| | | | | 108 | Percent of the ICFMR clients that are employed and wage earners | 72% | 84% | TBD |
| | | | | 171 | Reduction in the number of persons residing in the State Resource Centers | 12 | 11 | TBD |
| | | | | 181 | Number of clients transitioning to the community based ICF | 12 | 19 | TBD |
| | 412_34056 | Woodward Comm | Woodward Resource Center provides a variety of treatment and outreach services to people of all ages with mental retardation or other developmental disabilities. Like its sister facility at Glenwood, Woodward helps residents reach their individual goals and return to their communities. Nearly all of the residents at Woodward have been denied admission to community-based providers of this level of care. Woodward serves 39 persons (adults and children) annually in these home and community based waiver services. | 180 | Percent of discharged clients who remain in the community for at least 180 days. | 98% | 91% | TBD |
| | 413_10003 | Adoption Subsidy | Provides financial support for families who adopt children from foster care with special needs, including physical, mental or emotional disability, and other needs based on age and race/ethnicity. Adoption subsidy is a primary strategy for achieving stable and permanent families for children whose parental rights have been terminated. In SFY 2009, there were approximately 9,309 children served in the adoption subsidy program. The adoption subsidy program is established as an entitlement in federal statute and Iowa Code Chapter 600. | 1 | Percent of adoptions finalized within 24 months of removal from home (timely adoption). | 54% | 56.6% | Increase recruitment of qualified foster and adoptive parents, increase use of concurrent planning. |
| | 413_10006 | Family Support Programs | Provides family support subsidies to assist low- to moderate-income families whose children have a disability by providing a range of support services to prevent temporary or long-term residential placements. 378 children are served with family subsidies statewide and the children-at-home project in 14 counties. | 54 | Annual number of children served in Family Support Programs | 346 | 333 | Provide needed support for family to keep child at home rather than an out-of-home placement |
| | | | | 55 | Percent of children served who remain at home | 99% | 99% | Provide needed support for family to keep child at home rather than an out-of-home placement |
| | | | | 158 | Number of children served by Children At-Home | 700 | 714 | Provide needed support for family to keep child at home rather than an out-of-home placement |
| | 413_10008 | Community Care | Provides funding to community based child welfare providers to serve families diverted from the formal child welfare system. The main purpose is to keep families together in their home communities by developing and providing a range of flexible services with flexible funding that best meets the needs of the child and family and reduces the risk of child abuse and neglect without further or ongoing state agency involvement. | 58 | Rate of maltreatment for families referred to Community Care | 5% | 8% | Contract with community based providers to link families to community services. |
| | | | | 59 | Parental "satisfaction" with services provided by Community Care provider | 85% | 93% | Contract with community based providers to link families to community services. |
| | 413_10010 | Child Welfare In-home Services | Provides funding for an array of in-home services and supports to families in which there has been a founded child abuse assessment for a child age 5 or under, and for families in which there has been a founded child abuse report for a child age 6 and older where the continued risk of future abuse is moderate or high. Services focus on reducing the risk of abuse and increasing family protective capacities. DHS caseworkers provide case management and oversight of cases, while private providers deliver direct services under contract with DHS. | 38 | Percent of children who do not experience re-abuse for at least 6 months from a previous occurrence. | 91.2% | 91.4% | Utilize standardized assessments, family engagement, and safety plans, reduce caseloads increase visits, and improve transitions. |
| | 413_10011 | Child Welfare Out-of-home Services | Provides funding for an array of out-of-home services and supports to families in which there has been a founded child abuse assessment for a child age 5 or under, and for families in which there has been a founded child abuse report for a child age 6 and older where the continued risk of future abuse is moderate or high. Services are directed at reducing the risk of abuse and increasing family protective capacities, achieving permanency for children who cannot return home, and improving the well being of the child. DHS caseworkers provide case management and oversight of cases, while private providers deliver direct services under contract with DHS. | 37 | Percent of children exiting foster care who are re-united with their families within 12 months from last removal from home (re-unification). | 59% | 63% | Utilize standardized assessments, family engagement, focus on underlying conditions (parental issues), and improve transitions. |
| | | | | 38 | Percent of children who do not re-enter foster care within 12 months of last foster care episode (re-entry). | 90.7% | 87.9% | Improve family engagement, assessment of family needs, improve discharge planning and provision of after care to support successful reunification. |
| | | | | 61 | Percent of foster care children who have 2 or fewer moves in the first year after removal (placement stability). | 86.3% | 87.2% | 1) Increase recruitment of qualified foster and adoptive parents; increase use of concurrent planning. 2) Utilize standardized assessments, family engagement, focus on underlying conditions (parental issues), and improve transitions. 3) Improve family engagement, assessment of family needs, improve discharge planning and provision of after care to support successful reunification. 4) Utilize standardized assessments, family engagement, and safety plans, reduce caseloads increase visits, and improve transitions. |
| | | | | 148 | Number of finalized adoptions from foster care | 975 | 829 | Issue RFP for improved recruitment and retention of foster parents |
| | 413_10012 | Juvenile Justice In-home Services | Provides funding for an array of community based in-home services and interventions for youth that have committed a delinquent act. Services are directed at holding the youth accountable for their actions, rehabilitating the youth, and reducing future delinquency. Juvenile Court Officers supervise these cases, while private providers deliver direct services under contract with Juvenile Court Services and DHS. | 62 | Percent of youth arrested for committing a delinquent act within 6 months of program discharge | 25% | 29% | 1) Tracking, 2) Life Skills, 3) Supervised Community Treatment, 4) School-Based Services. |
| | 413_10013 | Juvenile Justice Out-of-home Services | Provides funding for an array of out-of-home services and interventions for youth that have committed a delinquent act. Services are directed at holding the youth accountable for their actions, rehabilitating the youth and reducing future delinquency. Juvenile Court Officers supervise these cases, while private providers deliver direct services under contract with DHS. | 38 | Percent of children who do not re-enter foster care within 12 months of last foster care episode (re-entry) | 96.7% | 87.9% | Improve family engagement, assessment of family needs, improve discharge planning and provision of after care to support successful reunification. |

| Core Function Name | SPA Number | SPA Name | SPA Description | Performance Measure Number | Performance Measure | 2010 Target | 2010 Actual | Strategy |
|--------------------|------------|---|---|----------------------------|--|-------------|-------------|---|
| | 413_10013 | Juvenile Justice Out-of-home Services | | 61 | Percent of foster care children who have 2 or fewer moves in the first year after removal (placement stability). | 85.2% | 87.2% | 1) Increase recruitment of qualified foster and adoptive parents; assessments, family engagement, focus on underlying conditions (genetic issues), and improve transitions. 3) Improve family engagement, assessment of family needs; improve discharge planning and provision of after care to support successful reunification. 4) Utilize standardized assessments, family engagement, and safety plans, reduce caseloads; increase visits, and improve transitions. |
| | 413_10059 | Transition to Adulthood | Transition to Adulthood | 145 | Number of PALS youth participating in post-secondary education/training or employed. | 413 | 535 | To provide support and services, including a monthly stipend, to eligible youth leaving foster care at 16 years of age in order to assist them in achieving self-sufficiency. |
| | | | | 146 | Average monthly number of PALS youth with a self-sufficiency plan | 280 | 307 | Each person enrolled in the PALS program has an individual self-sufficiency plan based on an assessment of the youth's strengths and needs. The youth is required to participate in development of the plan and to recognize and accept their personal responsibility in meeting the goals of their plan. |
| | | | | 147 | Percent of youth that turn age 18 in foster care with medical insurance | 80% | 96% | |
| | | | | 165 | Number of Youth leaving paid foster care at 18 receiving Medicaid under the MYA program. | 828 | 873 | Client education of program requirements to maintain eligibility. |
| | | | | 177 | Participants finish high school or receive a GED | 83% | 71% | |
| | | | | 178 | Participants hold job for 3 or more consecutive months | 67% | 29% | |
| | 413_22019 | Family Investment Program (FIP) | FIP provides short-term cash assistance to low-income families with children to meet basic needs, including: food, clothing, shelter, and utilities while they try to become self-supporting. Also provides technology support to welfare reform related programs to ensure timely and accurate benefits and services are provided to families. The Family Investment program (FIP) provided cash assistance to a monthly average of 15,689 families with an average benefit of \$319 per family per month. All FIP participating families are required to enter into an agreement to actively seek employment and to participate in our employment and job training program referred to as "PROMISE JOBS". PROMISE JOBS is funded by DHS and contracted to Iowa Workforce Development. | 2 | Hourly rate of earned income for families exiting FIP due to income reasons | \$ 8.06 | 8.17 | 1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Increase earned income deductions for FIP and FMAP eligibility. 4) Increase work participation rate with special supports for the disabled. |
| | | | | 3 | Percent of families who leave and remain off FIP for at least 12-months (recidivism rate) | 70.5% | 71.1% | 1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Increase earned income deductions for FIP and FMAP eligibility. 4) Increase work participation rate with special supports for the disabled. |
| | | | | 153 | TANF work participation rate (target specified by TANF federal block grant) | 42% | 35.5% | 1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Increase earned income deductions for FIP and FMAP eligibility. 4) Increase work participation rate with special supports for the disabled. 5) Support working families by issuing transportation allowance. |
| | 413_22020 | FIP Diversion Programs | The Family Self-Sufficiency Grant (FSSG) program pays for goods or services to meet a specific short-term employment-related barrier allowing a FIP family to obtain or retain employment within two months of receiving the FSSG assistance. Although a family may receive FSSG more than once, the total limit per year per family is \$1,000. A total of 2,877 FIP families received FSSG in SFY 2009 at an average cost of \$562. 71% of FSSG payments in SFY 2009 were for transportation-related expenses, such as car repairs. A similar program provides short-term assistance to address employment-related barriers to enable families to avoid having to go on FIP. | 168 | Percent of families leaving FIP within 6 months of receiving FSSG. | 51% | 55.8% | Continue to identify FIP cases potentially eligible for FSSG and provide assistance as appropriate. |
| | 413_22021 | PROMISE JOBS - Promoting independence and self-sufficiency through employment job opportunities and basic skills. | Provides training, education and employment services to families receiving cash assistance under the Family Investment program (FIP). PROMISE JOBS (Promoting Independence and Self-Sufficiency through Employment) helps families become more economically self-sufficient and avoid long-term dependence on public assistance. Participation in PROMISE JOBS is required for most FIP recipients. Participants develop a Family Investment Agreement (FIA) that outlines what steps they will take to leave public assistance. Each FIA is individualized to a participant's needs. Persons who fail to participate or fail to comply with their FIA are considered to have chosen a Limited Benefit Plan (LBP), and lose their FIP benefits. Services include intensive job search activities for finding employment, employment work experience or unpaid community service, basic education, including assistance with high school completion, GED, adult basic education, and English-as-a-second-language, post-secondary training, job skills training, family development services to assist families in overcoming significant barriers to self-sufficiency, life skills training to assist with budgeting, parenting, and other life skills, and assistance with community resources and services. Services are currently provided under a contract with the Iowa Department of Workforce Development. These services enable the state to meet federally mandated work participation requirements as a condition for receiving approximately \$131 million in federal funds annually under the Temporary Assistance for Needy Families (TANF) block grant. In SFY09, a monthly average of 12,086 persons were served through PROMISE JOBS. | 2 | Hourly rate of earned income for families exiting FIP due to income reasons | \$ 8.06 | 8.17 | 1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Increase earned income deductions for FIP and FMAP eligibility. 4) Increase work participation rate with special supports for the disabled. |
| | | | | 3 | Percent of families who leave and remain off FIP for at least 12-months (recidivism rate) | 70.5% | 71.1% | 1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Increase earned income deductions for FIP and FMAP eligibility. 4) Increase work participation rate with special supports for the disabled. |
| | | | | 153 | TANF work participation rate (target specified by TANF federal block grant) | 42% | 35.5% | 1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Increase earned income deductions for FIP and FMAP eligibility. 4) Increase work participation rate with special supports for the disabled. 5) Support working families by issuing transportation allowance. |

| Core Function Name | SPA Number | SPA Name | SPA Description | Performance Measure Number | Performance Measure | 2010 Target | 2010 Actual | Strategy |
|--------------------|------------|--|---|----------------------------|---|---------------|---------------|--|
| | 413_22022 | Family Development and Self Sufficiency (FaDSS) | Provides support services to families receiving cash assistance under the Family Investment Program (FIP) who have overwhelming barriers to leaving FIP and are at risk of long-term welfare dependency. The program is comprehensive and works to stabilize families in crisis by assisting them to overcome barriers to education, employment, and self-sufficiency. Barriers may include being a minor parent, being a victim of domestic violence, having a history of substance abuse or past incarceration, or having a child with disabilities. FaDSS supplements basic services provided under PROMISE JOBS. Services are provided by local community agencies through a contract with the Iowa Department of Human Rights. A monthly average of 1,503 families were served in state fiscal year 2009. | 2 | Hourly rate of earned income for families exiting FIP due to income reasons | \$ 8.06 | 8.47 | 1) Refer hardest to serve families meeting specified criteria to FaDSS for services. 2) Establish written agreement with recipients of FaDSS funding to specify responsibilities. |
| | | | | 3 | Percent of families who leave and remain off FIP for at least 12-months (readiness rate) | 70.5% | 59.9% | 1) Refer hardest to serve families meeting specified criteria to FaDSS for services. 2) Establish written agreement with recipients of FaDSS funding to specify responsibilities. |
| | | | | 153 | TANF work participation rate (target specified by TANF federal block grant) | 42% | 34.7% | 1) Increase work participation with staff focused on 2-parent families. 2) Short-term Family Investment Agreements. 3) Advocate for increased childcare or restructure childcare funding to reduce steep income eligibility drop-off. 4) Advocate for increased earned income deductions for FIP and FMAP eligibility. 5) Increase work participation rate with special supports for the disabled. |
| | 413_22023 | Food Assistance and Employment and Training (FAET) Program | Provides food assistance and employment and training services to non FIP food assistance recipients and families for the purpose of enhancing their employability. Recipients can purchase food using an electronic benefit transfer swipe card. The program brought in \$380,572,498 in federal food assistance benefits (formerly known as food stamps) to a monthly average of 130,381 households in SFY 2009. The U.S. Department of Agriculture has estimated that every \$3 of benefits generates \$9.20 in local and state economic activity. The economic benefit was over \$700.3 million for Iowa in SFY 2008. Through the Food Assistance Employment and Training (FAET) program, job seeking skills training and employment assistance are provided to people receiving food assistance who do not receive cash assistance under the Family Investment Program (FIP). The FAET program is offered only in Polk and Linn counties under a contract with Iowa Workforce Development. However, the FAET status of all food assistance recipients must be determined and recorded using the state information system. Federal law requires a state have an FAET program to receive federal support for a food assistance program. | 17 | Number of lowans receiving Food Assistance at the end of the SFY | 347,588 | 346,551 | 1) Continue outreach efforts with a greater emphasis on the Farmers' Markets. 4) Increase use of the Customer Service Call Center. 5) Implement process improvement projects. |
| | | | | 18 | Percent of eligible lowans who receive food assistance. | 64% | 90.5% | 1) Continue outreach efforts with a greater emphasis on the elderly. 2) Increase utilization of the on-line application through marketing. 3) Continue expanding EBT access at Farmers' Markets. 4) Increase use of the Customer Service Call Center. 5) Implement process improvement projects. 6) Develop community partnerships. |
| | | | | 162 | Monthly average number of elderly lowans receiving Food Assistance | 15,852 | 16,992 | 1) Marketing strategies geared to the elderly. 2) Integrate the on-line food assistance application with Project Searless |
| | | | | 174 | Reduce Food Assistance error rate | 4% | 6% | |
| | 413_22029 | Early Childhood Funding | Provides funding for the Early Childhood Empowerment initiative to increase the availability of quality child care in support of parents obtaining or keeping employment. There are 58 Empowerment Areas receiving early childhood funding. | 56 | Number of child care slots available | 140,000 | 148,244 | 1) Provide financial support through contracting for the recruitment and retention of child care providers. 2) Provide financial support through contracting to increase the knowledge of child care providers in parenting safe and developmentally appropriate child care environments. |
| | 413_22030 | Child Care Assistance | Provides childcare funding for over 22,000 children of low-income parents who are working or in school, as well as children in foster care. | 21 | The average monthly number of children served in child care assistance for the fiscal year. | 23,035 | 22,660 | 1) Provide assistance to low income families experiencing medical barriers so can maintain or obtain work or training. 2) Simplify the application process. 3) Simplify the provider enrollment process. 4) Educate providers about the enrollment and payment process. 5) Expand eligibility to families receiving adoption. |
| | | | | 68 | Percent of children receiving COA who are in regulated settings | 87% | 88% | 1) Provide assistance to low income families experiencing medical barriers so can maintain or obtain work or training. 2) Simplify the application process. 3) Simplify the provider enrollment process. 4) Educate providers about the enrollment and payment process. 5) Expand eligibility to families receiving adoption. |
| | | | | 141 | Average monthly number of children served in Child Care Assistance | 19,798 | 20,438 | 1) Reduce the payment cycle to 10 days remittance with an accurate voucher. 2) Simplify the payments and attendance records and provide instruction to providers through written directions and consultation. |
| | 413_22031 | Child Care Quality | Provides funding to Child Care Resource and Referral network, as well as other organizations to improve child care quality. | 119 | The number of registered child development homes | 5,600 | 5,376 | 1) Provide financial support through Child Care Resource and Referral contracts for home consultation to recruit and retain registered homes. |
| | | | | 142 | Number of providers at Level 2 or Higher in Quality Rating System | 1,000 | 1,149 | 1) Provide financial support through Child Care Resource and Referral contracts for QRS Specialists to encourage providers and offer support in participating in QRS. 2) Provide financial support through ISU Extension contracts to ensure providers have access to training and assessments on environment rating scales. |
| | 413_22057 | EBT Retailer Fee | The Iowa Department of Human Services pays \$0.07 per transaction to retailers for Food Assistance transactions using the Electronic Benefit Transfer (EBT) card. This fee is paid to grocers for executing electronic transactions for food stamp recipients. | 109 | Amount, per transaction, of EBT retailer fee | \$ - | \$ - | Propose legislation eliminating the fee. |
| | 413_34032 | Long Term Care Services | Provider Payments for Long Term Care Services including: Nursing Facility, Skilled Nursing Facility, Intermediate Care Facility for Mental Retardation (ICF/MR), Medicaid Waiver Services, Residential Care, Home Health, Medicare Part A Crossover. | 90 | Percent of State long-term care resources devoted to home and community based care | 26.67% | 25.85% | Increase home and community based services (HCBS) utilization. Make sure that those with Nursing Facility level of care needs are aware of and understand how to access waiver services (subject to available budget/resources). |
| | 413_34033 | Acute Care Services | Provider Payments for Acute Care Services, including: Hospital, Practitioner, Durable Medical Equipment & Medical Supplies, and Transportation. | 92 | Percent of Medicaid members who are aware of available preventive health care resources. | 76% | 57% | Increase awareness of available preventive health care resources to members through Medicaid. Continue to promote IRIE website and member newsletter regarding Medicaid benefits. Communication has been made to all members and appropriate this knowledge, so there is the opportunity for all members to have this knowledge. |
| | 413_34034 | Pharmacy Services | Provider Payments for Pharmacy | 8 | State funds saved through the Medicaid Preferred Drug List (PDL) program (\$20 M total). | \$ 30,500,000 | \$ 32,000,000 | Promote and improve the use of the preferred drug list (PDL). |

| Core Function Name | SPA Number | SPA Name | SPA Description | Performance Measure Number | Performance Measure | 2010 Target | 2010 Actual | Strategy |
|--------------------|------------|--|---|----------------------------|--|--------------|--|---|
| | | | | 93 | Rate of growth in pharmacy costs per member per month. | 3% | Actual cannot be provided until the final rebate data is available from CMS 8-2011 due to ACA changes. | 1) Changes in State Medicaid Upper Payment Limit pricing 2) Continued use of preferred drug list. |
| | | | | 128 | Increase in State savings from Medicaid pharmacy cost saving strategies | \$ 7,100,000 | Actual cannot be provided until the final rebate data is available from CMS 8-2011 due to ACA changes. | Continued participation in the SSDC drug pool allowing the state to obtain better supplemental rebates than it could negotiate alone. |
| | 413_34035 | Managed Care & Medicare & HIPP Premium Payments Medicaid IME | Premium Payments to Managed Care Organizations, Iowa Plan, Medicare (Part A & B) & Health Insurance Premium Payment (HIPP) program | 94 | Percent of children and adults with access to managed care (either PCOM or capitated). | 50% | 42% | Identify new managed care partners to maintain the percentage of children and adults with access to managed care. |
| | 413_34036 | | Payments Connected with administration of the Medicaid Program, including, but not limited to payments to contractors. | 124 | Proportion of 15 month old children on Medicaid with six well-child visits | 48% | 42% | Continue collaboration with the IDPH and provider organizations to encourage well-child checkups at appropriate intervals. |
| | | | | 125 | Proportion of children on Medicaid with a dental visit | 85% | 57% | Work to complete the Dental Home concept. |
| | | | | 126 | Proportion of Medicaid members with asthma where appropriate medications are used | 83% | 85% | Continue and expand the disease management programs in the IME. |
| | | | | 127 | Proportion of women on Medicaid receiving prenatal care from the first trimester | 72.5% | 66.1% | Work with IDPH and MAC (Title 10) to further the news through the "Informing" process that this is available to members. |
| | | | | 129 | Savings from Medicaid utilization and care management strategies | \$ 8,000,000 | \$ 21,518,612 | Continue to increase member enrollment, improve outcomes, and decrease costs. |
| | | | | 130 | Savings from Medicaid surveillance and utilization review compared to contract cost | 350% | 400% | Conduct reviews to verify that covered health care services have been documented and that payments have been made in accordance with State and Federal policies, regulations, and statutes. |
| | | | | 131 | Increase over the prior year in Medicaid revenue collections from third parties | 15% | -3% | Revenue Collection will research and verify other insurance coverage for Medicaid Members and add it to their record, so that claims can be cost-avoided, or they will bill other insurers for claims that Medicaid is obligated to pay ("pay and chase"). |
| | | | | 132 | Increase in State collections of Medicaid overpayments | \$ 600,000 | \$ 13,869,958 | Provider Cost Audit will collect overpayments or cost-avoid payments through more intense scrutiny of provider reimbursement methodologies and cost settlement activities. |
| | | | | 133 | Percent increase in member satisfaction with administration of Medicaid Program over prior year, based on survey results | 5% | 2% | Member services will: 1) Keep member call center response time to be kept at under 30 seconds. 2) Respond to billing inquiries within 30 days of request. 3) Continue to communicate with I.M.s on how field and IME can best support the member. |
| | | | | 134 | Percent of members aware of Medicaid Member Services | 60% | 73% | Continue to promote IME Member Services website and member newsletter. |
| | | | | 135 | Percent increase in provider satisfaction with Medicaid Provider Services over prior year, based on survey results | 5% | 5% | Continually looking for opportunities for new and easier ways, for providers to communicate with the IME. Examples include new tools such as the imeservices.org web portal and a redesigned annual training that better accommodates the needs of providers. |
| | | | | 136 | Percent of clean Medicaid claims accurately paid or denied on time | 100% | 100% | Maintain system accuracy through full testing of modifications. Maintain system availability via hardware and software monitoring (ITE), and the availability of redundant hardware. Develop contingency plan in the event of serious hardware/software failure. |
| | 413_34037 | State Children's Health Insurance Program (SCHIP) | Provides for health care coverage to children who live in families whose income is too high to qualify for Medicaid, but who do not have health care coverage. Eligible children are under the age of 19, have no health insurance and do not qualify for Medicaid, meet citizenship requirements, and live in a family whose income is less than 300% of federal poverty guidelines (prior to Oct. 2009 the FPL was 200%). As of June 30, 2009 the annual average number of children enrolled in Medicaid Expansion was 18,913, and 21,447 children in the hawk-i program. | 24 | Number of children who are enrolled in hawk-i | 25,875 | 27,573 | 1) Use increased funding to expand outreach through media campaign. 2) Partner with schools on mandatory referrals through free and reduced meal programs. 3) Continue to contract with IDPH grassroots outreach activities. Place emphasis on targeting special populations and working with businesses, healthcare providers, schools, faith-based and minority organizations. 4) Implement optional new coverage groups authorized by the 2007 Iowa Legislature if federal funding and authorization is granted. |
| | | | | 25 | Number of children who are enrolled in Medicaid Expansion | 16,311 | 15,153 | 1) Use increased funding to expand outreach through media campaign. 2) Partner with schools on mandatory referrals through free and reduced meal programs. 3) Continue to contract with IDPH grassroots outreach activities. Place emphasis on targeting special populations and working with businesses, healthcare providers, schools, faith-based and minority organizations. 4) Implement optional new coverage groups authorized by the 2007 Iowa Legislature if federal funding and authorization is granted. |
| | | | | 96 | Total SCHIP enrollment | \$ 42,186 | 42,726 | 1) Maintain outreach funding level. 2) Continue partnerships with schools in free and reduced lunch programs. 3) Continue to contract for grassroots outreach activities. Place emphasis on targeting special populations and working with businesses, healthcare providers, schools, faith-based and minority organizations. |
| | | | | 175 | Number of children who are enrolled in hawk-i Supplemental Dental | \$ 16,861 | 2,144 | |
| | 413_34038 | Health Insurance Premium Payment (HIPP) Program | Reduces Medicaid costs by obtaining or maintaining health insurance coverage for Medicaid-eligible persons, through the Private Party Insurance Premiums for Third Party Coverage, through an employer or individual health plan, if it is a clean cost-effective to do so. This allows the family to maintain a connection with the private insurance market and the other coverage that the family may have. The primary payer of their medical care. Provides health insurance for approximately 8,096 people on 1,966 Medicaid cases per month. | 68 | Number of HIPP Referrals | 20,836 | 13,926 | Increase program awareness. |
| | | | | 97 | Number of Medicaid-eligible individuals who use employer provided insurance through HIPP | 7,369 | 3,634 | Increase program awareness. |

| Core Function Name | SPA Number | SPA Name | SPA Description | Performance Measure Number | Performance Measure | 2010 Target | 2010 Actual | Strategy |
|--------------------|------------|--|---|----------------------------|--|---------------|---|--|
| | | | | 138 | Number of additional non-Medicaid eligible family members with health insurance via HIPP | 5,218 | 4,303 | Increase participation of Medicaid-eligible persons. |
| | 413_34040 | State Supplementary Assistance Program | Provides for cash assistance to meet special needs of aged, blind and disabled people not met by the Supplemental Security Income (SSI) payment. Will provide support to people through in-home health care, family life, blind assistance, residential care facilities, and mandatory assistance to Medicare and Medicaid eligibles. Benefits provided through this program are required as a part of federal Medicaid Maintenance of Effort (MOE). Failure to meet MOE for this program would risk the loss of the Medicaid program. | 121 | Reduced State costs for Medicaid resulting from the SSA Supplemental for Medicare and Medicaid Eligibles | \$ 11,035,226 | \$ 10,412,027 | Continue identification of eligible people |
| | 413_34041 | Personal Assistance Services | Provides funding to assist individuals with a disability with tasks that they would typically do if the individual did not have a disability. These tasks might include dressing, bathing, access to and from bed or wheelchair, toilet assistance, eating and feeding, cooking and housekeeping assistance, employment support, etc., The Personal Assistance Service enables individuals with a disability to live in their own home rather than in an institutional setting. The program is a pilot in 2 communities -- one urban and one rural. | 66 | Percent of children receiving CCA who are in regulated settings | 87% | This measure was to be deleted from FY10 measures | 1) Provide assistance to low income families experiencing medical barriers so can maintain or obtain work or training. 2) Simplify the application process. 3) Simplify the provider enrollment process. 4) Educate providers about the enrollment and payment process. 5) Expand eligibility to families receiving adoption |
| | | | | 71 | Number of people receiving Personal Assistance Support | TBD | This measure was to be deleted from FY10 measures | Phasing out program as this pilot project demonstrated the value of PAS and now need program as part of Medicaid. |
| | 413_34042 | MHDD Community Services | Provides funding to counties for community-based services to achieve health and self-sufficiency for adults with disabilities. Also includes funding of services for individuals with disabilities who do not have a county of legal settlement. | 50 | Annual number of adults served through county funded programs | 53,301 | 55,133 | All money will go out to counties in a timely manner. |
| | 413_34058 | IowaCare | IowaCare is limited health care. This program can give some inpatient and outpatient services, doctor, and advanced registered nurse practitioner services, dental services, limited prescription drug benefits, and transportation. | 137 | Percent of IowaCare members who pay premiums or declare a hardship exemption | 55% | 95% | Information sent to each new member. In-person premium payment office at Broadlawn. |
| | | | | 138 | Percent of IowaCare enrollees who smoke | 15% | 15% | Coverage of smoking cessation program beginning Jan. 1, 2007. Includes Quitline Iowa counseling, nicotine replacement products, and patches. Zohar. |
| | | | | 140 | Percent of IowaCare members who access preventive health services | 75% | 75% | Coverage of comprehensive medical exams and Health Risk Assessment program beginning July 1, 2007. |